

This Rider forms a part of the Stop Loss Insurance Agreement issued by HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY to:

GALION COMMUNITY HOSPITAL

Policy Number: GRH-710796/720593

Rider Effective Date: January 1, 2005

The Agreement is hereby amended as follows:

1. It is understood and agreed that the Amendatory Rider regarding the Individual Deductible Amount for signed by Hartford Life and Accident Insurance Company on January 27, 2004 and effective January 1, 2004, no longer applies and is hereby deleted from the Agreement.
2. The Monthly Premium Rate shown on the Individual Stop Loss Schedule page is changed to:
Monthly Premium Rate: \$46.00 per Single Unit
\$110.42 per Family Unit
3. The Monthly Premium Rate and the Stop loss Determinant Factors shown on the Aggregate Stop Loss Schedule page is changed to:
Monthly Premium Rate: \$5.57 per Employee Eligible Participant
Stop Loss Determinant Factors: \$354.91 per Single Unit
\$922.77 per Family Unit

In all other respects, the agreement remains the same.

Signed by the Insurance Company on December 28, 2004



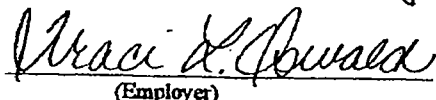
Michael A. Wozny
Assistant Vice President

Countersigned by:


(Licensed Resident Agent)

3/9/05
(Date)

Accepted by:


(Employer)

2/14/2005
(Date)

Z-STOP(RIDER)1-98

REDACTED



This Rider forms a part of the Stop Loss Insurance Agreement issued by HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY to:

GALION COMMUNITY HOSPITAL

Policy Number: GRH-710796/720593

Rider Effective Date: January 1, 2006

The Agreement is hereby amended as follows:

1. The Monthly Premium Rate and the Deductible Amount shown on the Individual Stop Loss Schedule page are changed to:

Monthly Premium Rate: \$47.54 per Single Unit
\$122.73 per Family Unit

Deductible Amount: \$60,000 per Employee Eligible Participant

2. The Monthly Premium Rate, Stop Loss Determinant Factors and the Individual Claim Limit shown on the Aggregate Stop Loss Schedule page are changed to:

Monthly Premium Rate: \$6.32 per Employee Eligible Participant

Stop Loss Determinant Factors: \$381.09 per Single Unit
\$990.83 per Family Unit

Individual Claim Limit: \$60,000 per Employee Eligible Participant

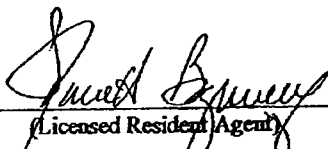
In all other respects, the agreement remains the same.

Signed by the Insurance Company on January 23, 2006



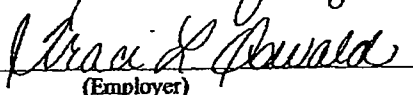
Michael A. Wozny
Assistant Vice President

Countersigned by:


(Licensed Resident Agent)

3/12/06
(Date)

Accepted by:


(Employer)

3/15/06
(Date)

AMENDATORY RIDER

This Rider forms a part of the Stop Loss Insurance Agreement issued by HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY to:

GALION COMMUNITY HOSPITAL

Policy Number: **GRH-710796/720593**

Rider Effective Date: **January 1, 2007**

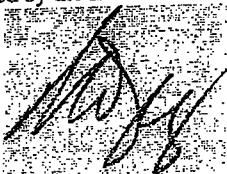
REDACTED

The Agreement is hereby amended as follows:

1. It is understood and agreed that the Amendatory Rider regarding the Individual Deductible Amount for signed by the Insurance Company on January 23, 2006 and effective on January 1, 2006, no longer applies and is hereby deleted from the agreement. The Individual Deductible Amount shown in the Schedule page of the agreement shall apply to the Eligible Participants named in that Amendatory Rider, as of the Rider Effective Date shown above.
2. The Monthly Premium Rate shown in the Individual Stop Loss Schedule page is changed to:
Monthly Premium Rate: \$56.90 per Single Unit
\$148.16 per Family Unit
3. The Monthly Premium Rate and the Stop Loss Determinant Factors shown in the Aggregate Stop Loss Schedule page are changed to:
Monthly Premium Rate: \$7.05 per Eligible Participant
Stop Loss Determinant Factors: \$334.95 per Single Unit
\$870.86 per Family Unit
4. The Administrator shown in the Individual and Aggregate Stop Loss Schedule pages is changed to:
Administrator:
Medical Benefits Administrators, Inc.
1975 Tamarack Road
Newark, OH 43055

In all other respects, the agreement remains the same.

Signed by the Insurance Company on January 10, 2007



Michael A. Wozny
Assistant Vice President

Countersigned by: _____
(Licensed Resident Agent)

(Date)

Accepted by: _____

(Employer)

(Date)

Z-STOP(RIDER)1-'98

AMENDATORY RIDER

This Rider forms a part of the Stop Loss Insurance Agreement issued by HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY to:

GALION COMMUNITY HOSPITAL

Policy Number: **GRH-710796**

Rider Effective Date: **January 1, 2007**

It is understood and agreed that:

1. The Employer desires to achieve certain premium savings under the Agreement by assuming greater risk for certain Eligible Participants.
2. The Employer has requested that the Agreement be amended to provide, with respect to the Eligible Participant(s) named below, that the Individual Deductible Amount applicable to each such Participant shall be the amount shown below. The Employer agrees that said amount shall be in lieu of the Individual Deductible Amount shown in the Schedule page of the Agreement. In all other respects, the Agreement remains the same.
3. In consideration of Our agreement to so amend the Agreement, the Employer represents that it has the financial capacity to assume said additional risk and agrees to indemnify, defend, and hold Us harmless from and against all claims, losses, costs, expenses, or other liabilities including attorney fees and costs, that We may incur or suffer as a result of such agreement.

Eligible Participant

Individual Deductible Amount
\$120,000

Signed by the Insurance Company on January 10, 2007



Michael A. Wozny
Assistant Vice President

REDACTED

Countersigned by: _____
(Licensed Resident Agent)

(Date)

Accepted by: Traci L. Bernald
(Employer)

1/16/07
(Date)